

# VACCINE INVENTORY & ORDER FORM

## Rhode Island Department of Health Adult State Supplied Vaccine (SSV) Program

Provider  
SSV/AV Pin:

Name of Practice, Clinic, etc...

Delivery Address (No PO Boxes)

Phone Number:

Fax Number:

1. Send completed form via email: [vaccine@health.ri.gov](mailto:vaccine@health.ri.gov) or fax: 401-222-3805.

2. Your practice will be allowed 1 order per month. Orders will be filled to replenish previous month's use.

3. Attach a copy of your previous month's completed Temperature Recording Log with this order.

Vaccine will be ordered in Pre-filled Syringes when available, unless your practice notes otherwise.

**\*\* Orders will not be processed if incomplete or without a copy of the temperature log attached.\*\***

Order Status

DOH Official Use Only

ADULT VACCINE	Provider Supplied Information											DOH Use	Notes or explanation of returned, wasted or transferred doses:	
	A	B	C	D	E	F	G	H	Par	Pkg	K	L		
	Beg. Inv.	Order Rec.	Xfer IN	Xfer Out	Returns	Waste	On-Hand	Admin	Stock	Qty	Order (doses)	Approved		
TDaP - Adult								-		5				
PNEUMO - Adult								-		10				
								-						
								-						
SPECIAL ADULT HEPATITIS INITIATIVE	Provider Supplied Information											DOH Use		
	A	B	C	# of Patients Administered Vaccine			F	G	Par	Pkg	K	L		
	Beg. Inv.	Order Rec.	Offered	Dose 1	Dose 2	Dose 3	Waste	On-Hand	Stock	Qty	Order (doses)	Approved		
HEP A - Adult						XXXXXXX				10				
HEP B - Adult										10				
HEP A/B - Twinrix										10				
SPECIAL ORDER ADULT VACCINE (Special Permission)	Provider Supplied Information											DOH Use		
	A	B	C	D	E	F	G	H	Par	Pkg	K	L		
	Beg. Inv.	Order Rec.	Xfer IN	Xfer Out	Returns	Waste	On-Hand	Admin	Stock	Qty	Order (doses)	Approved		
MCV4 (Menactra)								-		5				
HIB								-		10				
MCV4 (Menactra) and Hib vaccines are available for special surgical needs (i.e. Splenectomy) and require a special request in writing from the PCP.														
Hep B - Adult (HCW)								-		10				
MMR II								-		10				
VARICELLA								-		10				
Hep B, MMR II, and Varicella are available for uninsured adults who need the vaccine for employment as a Healthcare Worker (HCW)														
HPV Adult (19-26)								-		10				
HPV is available as a one-time seed vaccine for uninsured adults. The vaccine is to be replenished through the Manufacturer's Patient Assistance Program														
								-						
								-						

I hereby certify that this report is a true account of the above biologicals, received from the RI DOH, that were administered during the period of time reported. No one was refused immunizations for failure to pay an administrative fee or failure to make a donation to the provider.

Signature of person responsible for vaccine accountability

Order Date

DOH Official Use Only

Date order recv'd

Expected delivery date

Date order approved

Next available order date

Within 10 business days of:

**VACCINE ORDER FORM INSTRUCTIONS**

This report is to be completed no more than once per month by all entities that receive State Supplied Vaccines (SSV). Monthly reports do not have to run from the 1st day of the month (exception: Special Adult Hepatitis Initiative). Reports may start on any day of the month, but cannot account for a period of time less than 28 days. Reports should account for all activity since the date of the last report filed. Retain a copy of these reports for one year.

**Please do not report doses purchased with private funds on this form, ONLY STATE SUPPLIED VACCINE. Please allow 48-hours for order approval response.**

<b>Provider SSV/AV Pin</b>	This is a unique identifying number assigned to your practice by HEALTH. Please include this number on all communications with HEALTH. (If you are not aware of what your SSV/AV Pin is please contact HEALTH's Immunization Program to acquire it.)
<b>Column A:</b>	<b>Beg. Inv.</b> - Beginning Inventory is your doses-on-hand at the beginning of the month (or reporting period). Column A should be equal to the amount reported in Column G (On-hand Count) from the previous month's report.
<b>Column B:</b>	<b>Order Rec</b> - Orders Received should be the amount of vaccine received during the reporting period from the Rhode Island Department of Health SSV Program. These vaccines were received by the DOH directly or it's Distribution Agencies. <b><u>DO NOT</u></b> record transfers from other practices or privately purchased vaccines in this column.)
<b>Column C:</b>	<b>Transfers IN</b> - should be the number of doses received from any other practice. If you transfer in any vaccine you must submit a detailed explanation of where, when, how (cold chain), and why you received this vaccine. This explanation must accompany this report.
<b>Column C: (Section 2)</b>	<b>C: (Hepatitis Initiative) Offered</b> - In this field you are required to account for all patients that were approached to receive the vaccine in question.
<b>Column D:</b>	<b>Transfers OUT</b> - should be the number of doses you sent to any other practice. If you transfer out any vaccine you must submit a detailed explanation of where, when, how (cold chain), and why you transferred this vaccine. This explanation must accompany this report.
<b>Column D: (Section 2)</b>	(Adult Projects Only) <b>No. of Patients Accepting Vaccines</b> - In this field you are required to account for all patients that choose to accept the vaccine. Please record the patient count under the appropriate dose. The total of each of the doses when calculated will equal your monthly administered totals.
<b>Column E:</b>	<b>Returns</b> - is the number of vaccine doses returned to HEALTH or distributor for any reasons, including expired dates, break in the cold chain (refrigeration failure), etc.... Must submit a completed copy of the "Return/Expired Vaccine Form" with order form.
<b>Column F:</b>	<b>Waste</b> - is the number of wasted vaccine doses due to breakage, spill, or inability to return.
<b>Column G:</b>	<b>On-Hand Count</b> - is the physical count of your doses on-hand at the time of this report (beginning or end of business for date of report).
<b>Column H:</b>	<b>Administered</b> - is an aggregate number of all vaccine administered to patients. <b>Column H = A+B+C-D-E-F-G</b> (If you are using an electronic version of this spreadsheet, this field will automatically calculate your usage)
<b>Par Stock:</b>	<b>Par Stock</b> - Equals the quantity of vaccine needed for a sixty (60) day supply of inventory.
<b>Pkg Qty:</b>	<b>Pkg Qty</b> - Is the package size of the vaccine to be shipped. Orders will be filled as multiples of this amount.
<b>Column K:</b>	<b>Order</b> - <b><u>is the quantity of doses necessary in order</u></b> to replenish your inventory to a maximum of 60-day supply of required vaccine. Special orders will be available for times of emergency or outbreak.
<b>Column L: (DOH Use)</b>	<b>Approved</b> - is the number of doses approved to fill your order. This amount may vary from your amount ordered due to on-hand inventory or packaging. Please verify the amount received at delivery. Expect delivery within 3-10 business days of report approval date.
<b>Explanations</b>	In this field you should explain reasons for wasted, returned or transferred vaccine. Please also note any changes to Par Stock as well.
<b>Expected Delivery Date</b>	This field gives you an idea of when you should expect delivery of your order.
<b>Next Available Order date</b>	"Next available order date" is the earliest date available for your next order to be placed. Orders before this date will be denied due to early ordering. This date is normally 28-31 days from you current approval date.
<b>Order Status</b>	In this field (to be completed by DOH) either "Approved", "Denied", or "Contact DOH" will be stamped in this area. If "Approved" status please note the expected delivery date. If "Denied" status you may contact the DOH for explanation. If "Contact DOH" status please contact DOH for additional instructions.